U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-21 **RECEIPTS AND DISBURSEMENTS REPORT**

Form approved Office of Management and Budget No. 1245-0003 Expires 10-31-2013

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440 ding Labor Relations Consultants and Other Individuals and Organizations, Under section 203(b) of the Labor-Management Relations and Disclosure Act of 1959, as amended. (LMRDA)

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

E MS DROP	
1 . File Number C-00738	2. Period Covered By This Report From: O1 / O1 / 2012 Through: Month/Day/Year (mm/dd/yyyy) Month/Day/Year (mm/dd/yyyy) Through: Month/Day/Year (mm/dd/yyyy) Through: 12 / 31 / 2012
A. Person Filing 3. Name and mailing address (include ZIP Code):	Any other address where records necessary to verify this report are kept:
Name Jacob Monty Title Manager	Name Title
Organization Latino Labor Persuaders LLC P.O. Box, Building and Room Number, if any Fourth Floor Street 150 W Parker Rd.	P.O. Box, Building and Room Number, if any Street
City Houston State Texas ZIP Code + 4 77076-2951	State ZIP Code + 4
Signa	atures
Each of the undersigned declares, under penalty of perjury and other applicable penalt information contained in any accompanying documents) has been examined by the correct, and complete. (See the Section on penalties in the instructions).	
17. Signed Title Other (Specify) Manager On 03/26/2013 (713) 691-7118 Date Telephone Number	18. Signed Treasurer (If other title, see instructions) On Date Telephone Number

										
Name of Person Fil	ing:	Jacob Monty						File Number C- 00738		
B. Statement of R	B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.					of the advice				
5.a. Name and Addre	SS	of Employer (including trade n	ame, if any).			D.O. Box	Mailing Address:	- Niverbox Manu		, -
Employer Ca	rg	ill Meat Solutions	s, Columbu	ıs,N	E,	P.O. Box,	Building and Roor	n Number, if any		
Trade Name					i	Street	1529 23rd St	reet		
Attention To Tanya Teeter			City	Columbus		-				
Title	Lai	bor Relations Dire	ctor			State [Nebraska	ZIP Code	+ 4	68601
''''					1	Cidic L				0,0,01
5.b. Termination D	ate	October 22, 201	.2			5.c. Amou	nt 21,271			
6. TOTAL RECEIP	TS	FROM ALL EMPLOYERS	547,125					-		
						<u> </u>				
<u> </u>								· · · · · · · · · · · · · · · · · · ·		
C. Statement of Di	sb		sbursements r yers listed in F	made Part B	by the rep	orting organi	zation in connection	mwith labor relations advice	e or	services rendered
7. Disbursements to	Offi	cers and Employees:	,		•					
(a) Name	_	•	<u> </u>		kpenses (d)					
Jacob	М	Monty	80,281		7,625	87,90	6 9. Office and A	Administrative Expenses		53,163
Geraldine	ᆜ	Ransom	46,667	lacksquare	2,510	49,17				0
Alma	Α		5,247	<u>L</u>	0	5,24	1	ofessional Services	L	183,182
Lauren	Α	Rosenfeld	11,561	<u> </u>	0	11,56				0
O Tetal diabora	<u> </u>	A- 28		<u>L</u>	 L		13. Other Disb			0
8. Total dispurseme	ents	to officers and employees				153,89	1 14. Total Disbur	sements (Sum of Items 8-13)		390,236
·										
D. Schedule of Dis	bu	rsements for Reportable	•			ule to report o	only disbursement	s made for the purposes des	crib	ed in Part D of the
15.a. Employer Na	me			ınstru	ctions:	15 b Trad	te Name, If any:		_	
15.a. Employer Name: Packers Sanitation Services, Inc.										
	-					<u> </u>				1
15.c. To Whom Pai						15.d. Amo	ount 43,357	·		
Name Carlos Ortiz				15.e. Purp	15.e. Purpose					
					Professional fees and expenses earned related to the conducting of employee and supervisory group					
Organization Sc	lυ	tions Labor Relat	ions Const	ılta	nts	meetir	ngs wherein	he employees and s	sup	ervisors
						it their rights and inder the NLRA and		RB		
		and Room Number, if any				proced		ovide answers to q		
<u> </u>	Suite #210-106			llegar	ing dirions.					
Street 7426 Cherry Ave.										
City Fontan	a									
State Califo	rn	ia ZI	P Code + 4 9	233	6-4221]				
40 TOTAL BIODIU		EMENTS FOR ALL DEPOS				1			_	

Form LM-21 (2003)

Page 2 of ${\cal O}$

Name of Person Filing: Jacob Monty		File Number C- 00738		
B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.				
5.a. Name and Address of Employer (including trade name, if any).	Mailing Add			
Employer Hall's Culligan Water - Culligan of Sylm	P.O. Box, Bldg., Room	ı No., if any	-, I	
		Sau Church	=	
Trade Name Attention To: Chris Layton	Street 15580 Rex	Lord Street		
<u> </u>		ZIR Code + 4 los	240 8040	
Title Consumer Services Professional	State Californi	ZIP Code + 4 91	342-1263	
5.b. Termination Date ongoing	5.c. Amount 173,39	•		
5.a. Name and Address of Employer (including trade name, if any).	Mailing Addr P.O. Box, Bldg., Room			
Employer IFCO SYSTEMS N.A., INC.				
Trade Name	Street 13100 Nort	hwest Freeway		
Attention To: David Russell	City Houston			
Title President - North America	State Texas	ZIP Code + 4 77	040-6310	
5.b. Termination Date December 23, 2012	5.c. Amount 4.0 , 273			
5.a. Name and Address of Employer (including trade name, if any).	Mailing Add	ress:		
	P.O. Box, Bldg., Room		_	
Employer Katch Kan, USA	P.O. Box	.669	ᆗ .	
Trade Name	Street			
Attention To: Mark Fischer	City Montgomers	<u> </u>		
Title Executive Vice President	State Texas	ZIP Code + 4 77	356-1669	
5.b. Termination Date November 8, 2012 5.c. Amount 119,047				
5.a. Name and Address of Employer (including trade name, if any).	Mailing Addr P.O. Box, Bldg., Room		·	
Employer Maximus Coffee Group, LP	T.O. BOX, Blag., NOON	indo, ii dify	7	
Trade Name	Street 3900 Harri	sburg	╡	
Attention To: Leo Vasquez	City Houston			
Title Executive Vice President	State Texas	ZIP Code + 4 7.70	003-2638	
5.b. Termination Date October 18, 2012	5.c. Amount 24, 000			
5.a. Name and Address of Employer (including trade name, if any).	Mailing Addi	áse.		
	P.O. Box, Bldg., Room			
Employer Packers Sanitation Services, Inc			·	
Trade Name	Street 3681 Prism	Lane		
Attention'To: Amy Lowe	City Keiler		•	
Title Vice Pres Compliance & Training	State Wisconsin	ZIP Code + 4 538	312	
5.b. Termination Date April 30, 2012	5.c. Amount 112, 966			
5.a. Name and Address of Employer (including trade name, if any). Mailing Address:				
P.O. Box, Bldg., Room, No., if any				
Employer Permanent Solutions Labor Consultants, Inc. Suite 374				
Trade Name on behalf of Arc of Monroe County	Street 23772 West	Road,		
Attention To: Amed D Santana	City Brownstown	Township		
Title Director of Operations	State Michigan	ZIP Code + 4 4 8	183-3050	
5.b. Termination Date June 30, 2012	5.c. Amount 2.0 , 0'0 0			

Name of Person Fi	lling: Jacob Monty					File Number C	- 00738
B. Statement of Receipts Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.							
5.a. Name and Add	5.a. Name and Address of Employer (including trade name, if any). Mailing Address:						
[6]	lva Sausage			—_P.O. B∈	ox, Bidg., Room Ne	o., if any	
	Iva Sausage			Stroot	FÖRE P	r	
Trade Name Attention To:	D: ale			City	5935 Rossi 1	Lane	7
Title	Rick	Martins		State	Gilroy	· · · · · · · · · · · · · · · · · · ·	77ID Codo + 4 [
	Owner .			State	California		ZIP Code + 4 95020-7014
5.b. Termination Da	ate July 21, 201	.2		5.c. Amo	ount 16,416		
	lress of Employer (includ	-	• •	P.OBo	Mailing Address		
Employer Go	vernment Resour	ces Consultant	s of Ameri	ca ·			
Trade Name	on behalf-Allie	d Wastes of MA	LLC	Street	253 Commerçe	e Dr.	
Attention To:	Raymond	Rosenbach		City	Grayslake		
Title	Treasurer			State	Illinois		ZIP Code + 4 60030-7823
5.b. Termination D	ate June 1, 2012			5.c. Amo	ount 19,753		
5.a. Name and Add	dress of Employer (inclu	ding trade name, if an	y).	-	Mailing Address		
_	_			P.O. Bo	ox, Bldg., Room No	o., if any	
Employer L		•					
Trade Name				Street	<u></u>	·	
Attention To:		<u></u>		City			
Title				State			ZIP Code + 4
5.b. Termination Da	ate		-	5.c. Amo	ount [
5.a. Name and Add	lress of Employer (includ	ling trade name, if any	y).	P.O. Bo	Mailing Address		
Employer							
Trade Name				Street	•		
Attention To:				City			
Title [State			ZIP Code +:4
5.b. Termination D	ate			5.c. Amo	ount		
5.a. Name and Add	lress of Employer (includ	ding trade name, if an	y).		Mailing Address	::	
_	-			P.O. Bo	ox, Bldg., Room No	o., if any	
Employer L							
Trade Name		1		Street			
Attention To:			<u> </u>	City			<u> </u>
Title				State			ZIP Code + 4
5.b. Termination D	ate			5.c. Amo	ount		
5.a. Name and Address of Employer (including trade name, if any). Mailing Address: P.O. Box, Bldg., Room No., if any							
Employer				[-		
Trade Name		-		Street			
Attention To:				City]
Title				State	-	- · ·	ZIP Code + 4
5.b. Termination D	ate		· · ·	5.c. Âmo	ount		

Name of Person Filing: Jacob Monty	File Number C- 00738
D. Schedule of Disbursements for Reportable Activity Use this Schedul instructions.	e to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Silva Sausage	,
15.c. To Whom Paid	15.d. Amount 9, 907
Name Carlos Ortiz	15.e. Purpose
Title Consultant	Professional fees and expenses earned related to the conducting of employee and supervisory group
Organization Solutions Labor Relations Consultants	meetings wherein the employees and supervisors were educated about their rights and
	responsibilities under the NLRA and NLRB
P.O. Box, Building and Room Number, if any Suite #210-106	procedures and provide answers to questions posed regarding unions.
Street 7426 Cherry Ave.	
City Fontana	
State California ZIP Code + 4 92336-4221	
15.a. Employer Name:	15.b. Trade Name, If any:
Hall's Culligan Water - Culligan of Sylmar	15.b. Trade Name, many.
15.c. To Whom Paid	15.d. Amount 51,779
Name Carlos Ortiz	15.e. Purpose
Title Consultant	Professional fees and expenses earned related to the conducting of employee and supervisory group
Organization Solutions Labor Relations Consultants	meetings wherein the employees and supervisors
	were educated about their rights and responsibilities under the NLRA and NLRB
P.O. Box, Building and Room Number, if any	procedures and provide answers to questions posed regarding unions.
Suite #210-106	
Street 7426 Cherry Ave.	
City Fontana	
State California ZIP Code + 4 92336-4221	
15.a. Employer Name:	15.b. Trade Name, If any:
IFCO SYSTEMS N.A., INC.	10.b., Hade Hame, il ally.
15.c. To Whom Paid	15.d. Amount 6,, 505
Name Carlos Ortiz	15.e. Purpose
Title Consultant	Professional fees and expenses earned related to the conducting of employee and supervisory group
Organization Solutions Labor Relations Consultants	meetings wherein the employees and supervisors were educated about their rights and
P.O. Box, Building and Room Number, if any	responsibilities under the NLRA and NLRB
Street 7.105 (2)	procedures and provide answers to questions posed regarding unions.
Street 7426 Cherry Ave.	
City Fontana	
State California ZIP Code + 4 92336-4221	

Name of Person Filing: Jacob Monty	File Number C- 00738			
D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions:				
15:a. Employer Name:	15.b. Trade Name, If any:			
Government Resources Consultants of America				
15.c. To Whom Paid	15.d. Amount 12, 788			
Name Carlos Ortiz	15.e. Purpose			
Title Consultant	Professional fees and expenses earned related to			
Organization Solutions Labor Relations Consultants	the conducting of employee and supervisory group meetings for Government Resources of America, Inc.,			
:	on behalf of Allied Waste Services of MA, LLC, wherein the employees and supervisors were			
P.O. Box, Building and Room Number, if any	educated about their rights and responsibilities			
Suite #210-106	under the NLRA and NLRB procedures and provide answers to questions posed regarding unions.			
Street 7426 Cherry Ave.				
City Fontana				
State California ZIP Code + 4 92336-4221				
15.a. Employer Name:	15.b. Trade Name, If any:			
Packers Sanitation Services, Inc.				
15.c. To Whom Paid	15.d. Amount 23 , 287.			
Name Laura Garcia				
	15.e. Purpose			
	Professional fees and expenses earned related to the conducting of employee and supervisory group			
Organization	meetings wherein the employees and supervisors were educated about their rights and			
	responsibilities under the NLRA and NLRB procedures and provide answers to questions posed			
P.O. Box, Building and Room Number, if any	regarding unions.			
Street 2805 Meade Dr.				
City Grand Prairie				
State Texas ZIP Code + 4 75052-8344				
Cro. 5	Let Til North			
15.a. Employer Name: IFCO SYSTEMS N.A., INC.	15.b. Trade Name, If any:			
TECO SISTEMS N.A., The.				
15.c. To Whom Paid	15.d. Amount 3, 392			
Name Laura Garcia	15.e. Purpose			
Title Consultant	Professional fees and expenses earned in regards			
Organization	to the onsite visit made to the employer's facility in order to assess work environment.			
P.O. Box, Building and Room Number, if any				
Street 2805 Meade Dr.				
City Grand Prairie				
State Texas ZIP Code + 4 75052-8344				

Name of Person Filing: Jacob Monty	File Number C- 0.073.8			
D. Schedule of Disbursements for Reportable Activity Use this Schedul instructions.	le to report only disbursements made for the purposes described in Part D of the			
15.a. Employer Name: Hall's Culligan Water - Culligan of Sylmar	15:b. Trade Name, If any:			
15.c. To Whom Paid	15.d. Amount [53, 460			
Title Consultant Organization P.O. Box, Building and Room Number, if any Street 2805 Meade Dr. City Grand Prairie	15.e. Purpose Professional fees and expenses earned related to the conducting of employee and supervisory group meetings wherein the employees and supervisors were educated about their rights and responsibilities under the NLRA and NLRB procedures and provide answers to questions posed regarding unions.			
State Texas ZIP Code + 4 75,052 - 8344				
15.a Employer Name: Hall's Culligan Water - Culligan of Sylmar	15.b. Trade Name, If any:			
15.c. To Whom Paid Name Guillermo Herrera Title Consultant Organization	15.d. Amount 32,916 15.e. Purpose Professional fees and expenses earned related to the conducting of employee and supervisory group meetings wherein the employees and supervisors were educated about their rights and responsibilities under the NLRA and NLRB			
P.O. Box, Building and Room Number, if any Street 9427 Rested Grove Lane City Houston State Texas ZIP Code + 4 77095	procedures and provide answers to questions posed regarding unions.			
15.a. Employer Name: Katch Kan USA	15.b. Trade Name, If any:			
15.c. To Whom Paid Name Guillermo Herrera Title Consultant Organization P.O. Box, Building and Room Number, if any Street 9427 Rested Grove Lane City Houston State Texas ZIP Code + 4 77095	15.d. Amount 21,203 15.e. Purpose Professional fees and expenses earned related to the conducting of employee and supervisory group meetings wherein the employees and supervisors were educated about their rights and responsibilities under the NLRA and NLRB procedures and provide answers to questions posed regarding unions.			

Name of Person Filing: Jacob Monty	File Number C- 00738
D. Schedule of Disbursements for Reportable Activity Use this Schedul instructions.	e to report only disbursements made for the purposes described in Part D of the
15.a. Employer Name:	15.b. Trade Name, If any:
Packers Sanitation Services, Inc.	
15.c. To Whom Paid	15.d. Amount. 20, 300
Name Johan Pena	15.e. Purpose
Title Consultant .	Professional fees and expenses earned related to
Organization	the conducting of employee and supervisory group meetings wherein the employees and supervisors
P.O. Box, Building and Room Number, if any	were educated about their rights and responsibilities under the NLRA and NLRB procedures and provide answers to questions posed regarding unions.
Street 261 NW 57th Avenue,	
City Miami	
State Florida ZIP Code + 4 33126-4857	
Onto Figure 1037	
15.a. Employer Name:	15.b. Trade Name, If any:
Packers Sanitation Services, Inc.	,
15.c. To Whom Paid	15.d. Amount 20,488
Name Luis Camarena	15.e. Purpose
Title Consultant	Professional fees and expenses earned related to
Organization	the conducting of employee and supervisory group meetings wherein the employees and supervisors
	were educated about their rights and responsibilities under the NLRA and NLRB
P.O. Box, Building and Room Number, if any	procedures and provide answers to questions posed regarding unions.
	i constant unitario.
Street 1975 Alderbrook Pl.	
City Chula Vista	
State California ZIP Code + 4 91913-2325	
15.a. Employer Name: Sysco Corporation	15.b. Trade Name, If any:
Syste Corporation	
15.c. To Whom Paid	15.d. Amount 9, 000
Name William Medrano	15.e. Purpose
Title Consultant	Professional fees and expenses earned related to
Organization	the conducting of employee and supervisory group meetings wherein the employees and supervisors
P.O. Box, Building and Room Number, if any	were educated about their rights and responsibilities under the NLRA and NLRB
	procedures and provide answers to questions posed regarding unions.
Street 9424 Stahala Dr.	Legarang antons.
City El Paso	
State Texas ZIP Code + 4 7,9924 - 6010	
	·

Name of Person Filing: Jacob Monty	File Number C- 0.0738			
D. Schedule of Disbursements for Reportable Activity Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.				
15 a. Employer Name:	15.b. Trade Name, If any:			
Cargill Meat Solutions, Columbus NE				
15.c. To Whom Paid	15.d. Amount 17,671			
Name Carlos Ortiz	15.e. Purpose			
Title Consultant	Professional fees and expenses earned related to the conducting of employee and supervisory group			
Organization Solutions Labor Relations Consultants	meetings wherein the employees and supervisors			
	were educated about their rights and responsibilities under the NLRA and NLRB			
P.O. Box, Building and Room Number, if any	procedures and provide answers to questions posed regarding unions.			
	legarding unions.			
Street 1529 23rd Street				
City Columbus				
State Nebraska ZIP Code + 4 68601-3517				
15.a. Employer Name:	15.b. Trade Name, If any:			
15.c. To Whom Paid	15.d. Amount 0			
Name	Total value and the same and th			
	15.e. Purpose			
Title				
Organization	_			
P.O. Box, Building and Room Number, if any	· 1			
Street				
City				
State ZIP Code + 4				
	<u></u>			
15.a. Employer Name:	15.b. Trade Name, If any:			
	·			
15.c. To Whom Paid	15.d. Amount			
Name	15.e. Purpose			
Title	13.6.1 dipose			
Organization P.O. Poy Pullding and Room Number, if any	·			
P.O. Box, Building and Room Number, if any]:			
Street	<u>. [</u>			
City				
State ZIP Code + 4				
1	11			